

Statement of Ruby Camp before the Senate Indian Affairs Committee
Elders Issues --June 19,2001

Senator Inouye and members of the Committee:

Good morning. I am Ruby Camp, a member of the Council of the Lac Vieux Desert Tribe, located near Watersmeet in Upper Michigan. Thank you for the opportunity to appear before you on a subject of great importance. I refer to the situation of our elders, the people who gave us life - who showed us the road, helped us when we stumbled, and taught us every important lesson. No matter what our age may be, we owe our existence, the persistence of our heritage, and our birthright to those elders.

Our elders face critical issues in their communities.

The budget for Indian Health Services last year was \$2.4 billion to be shared by all 600 plus tribes in the United States. For this year, the proposed increase is only \$170 million; and that proposal is now facing a 12% -15% decrease. The Indian Health Service spends an average of only \$1400 per person each year, which is expected to cover not only personal health care for individuals, but also public health nurses and other community health personnel and equipment, as well as monitoring sewer systems, wells, and public health hazards in the reservation communities. In contrast, money spent on health care for federal employees in 1998 averaged \$3,300 per person for personal health care alone.

- 47% of Native People live in rural areas, compared to only 27% of the white population-
 - 30% of Native Americans have no vehicles-
 - 31 % have no telephone;
 - and 24% speak no English-
- all of which result in isolation.

The National Indian Council on Aging, has identified ten major health concerns of Native people: Alcoholism, Blastomycosis, SIDS, AIDS, Heart disease, Liver disease, Tuberculosis, Cancer, Dental issues, and Obesity.

More Indians die of alcoholism by a proportion of 459% than the rest of the population; more have TB by 233%; and more have diabetes by a factor of 157%. Diabetes has reached crisis proportions in Indian country, and Native Americans have a higher rate of complications than the general public. One out of every five Native Americans is diabetic, and in some families, every member is affected.

58.5% of Indian elders have an income level below 200% of the FPL (Federal Poverty Level). The average education is below the sixth grade, and most do not understand the basic benefits available. Nevertheless, there is very little money available for education and counseling.

The Indian Health Service collects data concerning the health needs of Indian communities. However, a simple request for information may take up to a year or more to be returned. This may partially be due to the small amount of funding the IHS receives compared to the enormity of their tasks and the large

number of clients they have to serve. In fact, 157,000 Medicaid-eligible Indian elders have not applied, compared to an enrollment rate of 87% among non-native elders.

Though not instantly life threatening, funding for dentistry , removal of cataracts, education and prevention of chronic diseases, support groups, in-home care, and home visits are often neglected. This does affect the quality of life, independence, and self esteem of many people and generates a cycle of dependency that is difficult to overcome for many generations.

These statistics are all the more alarming because they remain at such high levels. Advances in medical technology , improvements in transportation, access to care, and efforts at community health education take a long time to trickle down to the rural areas, and take even longer to reach the struggling reservation communities. Simply put, quality health care on or near the reservations is an expensive necessity. More funds are needed.

There is no entity other than the National Indian Council on Aging that deals with Indian Elders issues. State agencies on aging are not responsive to the particular needs of the reservation communities. Our area elders have no regional organization to carry through and pay attention to issues of importance to them. Help us create that organization by supporting these efforts and appropriating funds for regional and local health care advocacy.

Senators, the general level of under-funded health care for Native Americans is a national problem. The particular needs of Native American elders, however, take this beyond the realm of "problem" and into the realm of "action needed now." It is my sincere hope that you will do your utmost to address this, and to help us do a little for those who have done so much for us.

Thank you.